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RECEIVED SECRETARY OF THE SENATE PUBLIC PETORDS

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACS

1. NAME OF COMMITTEE (in [ull)	TYPE OR PRINT	Example: If typing, type over the lines.	12FE4M5			
Tammy Baldwin for Senate						
ADDRESS (number and structure) Check if different than previously reported. (ACC)	Madison	CITY	WI 5370	01		
2. FEC IDENTIFICATION C C00326801	3. 18	THIS NEW (N) OR	AMENDED (A)	4. STATE DISTRICT WI 1 00 For Candidates Only		
5. TYPE OF REPOR (Choose One) (a) Quarterly Reports: April 15 Quarterly Report and/or Semi-ant October 15 Quarterly Report April 25 Quarterly Report and/or Semi-ant January 31 Year-End Report and/or Semi-ant July 31 Mid-Year Report (Non-ele Year - PAC/Party and/or Semi-ant	Report Due On: (Q1) (C) 12-Day PRE-Election Report for the rection (Q3) Election on (d) 30-Day POST-Election Report for the rection (MY)	Special (12S) Conven	I (12C) Runoff (1 stion (12C) in the State of	Dec 20 (M12) (Non-Election Year Only) 1 Jan 31 (YE) and/or Semi-annual Report 2R) This report also covers the semi-annual period See Line 6(b)		
6. Covered Period(s) (a) Quarterty/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period This report covers 07 01 2016 through 09 30 2016 and/or July 1 - December 31						
7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period (b) Semi-annual Covered Period (c) Semi-annual Covered Period (d) Semi-annual Covered Period (e) Semi-annual Covered Period (d) Semi-annual Covered Period (e) Semi-annual Covered Period (e) Semi-annual Covered Period (e) Semi-annual Covered Period (f) Semi-annual Covered (f) Semi-annual Covered (f) Semi-annual Covered (f) Semi-annual Covered						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Childers, Michael, F., Mr.,						
Signature of Treasurer Childers, Michael, F., Mr., Date Date Date Childers, Michael, F., Mr., 2016						
NOTE: Submission of false. Office Use Only	erroneous, or incomplete inform	ation may subject the person signin		FEC FORM 3L 02/2009		